Key Strategic Issues in connection with the Green Paper of the European Commission on Improving the Mental Health of the Population: Towards a Strategy on Mental Health for the European Union

Briefing Note

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The opinions expressed in this document do not necessarily represent the official position of the European Parliament.

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Executive Summary

This briefing paper evaluates the relevance of mental health for the European Union, the need for a mental health strategy at the European Union level and the adequacy of suggested priorities in the Green Paper "Improving the mental health of the population: Towards a strategy on mental health for the European Union". Hence, it responds to the key strategic issues in the Green Paper and answers the three questions that were raised:

1) How relevant is the mental health of the population for the European Union's strategic policy objectives?

2) Would the development of a comprehensive European Union strategy on mental health add value to existing and envisaged actions?

3) Are the proposed initiatives appropriate to support coordination between Member States, to promote the integration of mental health into health and non-health policies and stakeholder action, and to better liaise research and policy on mental health aspects?

The Green Paper contains reliable data and correctly recognises mental disorders as a rapidly growing challenge for the European Union. The mental health of the population is of significant relevance for the European Union's strategic policy objectives. Good mental health increases working ability and productivity and contributes to the prosperity of European citizens. In contrast, the consequences of mental disorders lead to significant health and social burdens, including discrimination and marginalisation and reduced social cohesion. A lack of mental health is a challenge for the public health of society, the quality of life of individuals and the stability of Europe. In addition, the economic costs of mental disorders are substantial and wide-ranging.

The development of a comprehensive European Union strategy on mental health will add crucial value to existing and envisaged actions. The strategy would link all current and future initiatives and strengthen the coherence and effectiveness of all activities.

The priorities proposed for the mental health strategy in the Green Paper are absolutely important and appropriate, but not comprehensive:

- ➤ Promote mental health for all.
- ➤ Address mental ill health through preventive action.
- ➤ Improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity.
- ➤ Develop a mental health information, research and knowledge system for the EU.

A fifth main priority needs to focus on the improvement of mental health care services and the continuous development of a professional mental health care workforce.

All initiatives and the options for action proposed in the Green Paper are appropriate and essential. But, mental health advocacy and empowerment is missing and should be included as one of the necessary initiatives. Aspects like healthy work environments and stigmatisation need to be elaborated more clearly and vividly.

It is essential for the consultation, development and implementation process to foster a dialogue with Member States, launch a European Union platform on mental health and develop an interface between policy and research on mental health. Joint research and education programmes may add additional value.

Last but not least, more emphasis should be put on the fact that mental disorders are both preventable and treatable. Investment in mental health is crucial and can be cost-effective and cost-efficient.

1. Introduction

The European Commission's Green Paper "Improving the mental health of the population: Towards a strategy on mental health for the European Union" proposes to establish a European Union strategy on mental health. It is intended to launch a debate on this issue among all stakeholders.

This briefing paper evaluates the relevance of mental health for the European Union, the need for a strategy at the European Union level and the adequacy of suggested priorities. Thus, it will respond to three questions raised in the Green Paper:

I) How relevant is the mental health of the population for the European Union's strategic policy objectives?

> ➢ Put Europe back on the path to long-term prosperity.

> ➢ Sustain Europe's commitment to solidarity and social justice.

> ➢ Bring tangible practical benefits to the quality of life for European citizens.

II) Would the development of a comprehensive EU strategy on mental health add value to existing and envisaged actions?

The establishment of a strategy on mental health is intended to add value by:

> ➢ Creating a framework for exchange and cooperation between Member States.

> ➢ Helping to increase the coherence of actions in different policy sectors.

> ➢ Opening up a platform for involving stakeholders, including patient and civil society organisations, in building solutions.

Are the following priorities appropriate?

> ➢ Promote mental health for all.

> ➢ Address mental ill health through preventive action.

> ➢ Improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity.

> ➢ Develop a mental health information, research and knowledge system for the EU.

III) Are the proposed initiatives appropriate to support coordination between Member States, to promote the integration of mental health into health and non-health policies and stakeholder action, and to better liaise research and policy on mental health aspects?

➢ Promoting the mental health of the population.

- Building mental health in infants, children and adolescents

- Promoting mental health in the working population

- Promoting mental health in older people

- Targeting vulnerable groups

➢ Addressing mental ill health through preventive action.

- Preventing depression

- Reducing substance disorders

- Preventing suicide

➢ Promoting the social inclusion of mentally ill or disabled people and protecting their fundamental rights and dignity.

- Deinstitutionalisation

➢ Improving information and knowledge on mental health in the European Union.

Will the following envisaged activities ensure a broad and inclusive consultation process which will support the development of an EU strategy on mental health?

➢ Creating a dialogue with Member States on mental health.

➢ Launching an EU platform on mental health.

➢ Developing an interface between policy and research on mental health.

1.2. What is mental health?

Mental health is considered to be as important as physical health to the overall well-being of individuals, communities, countries and their economies.

The importance of mental health has been recognised by the World Health Organization. It is reflected by the definition of health in the WHO Constitution as "not merely the absence of disease or infirmity", but rather "a state of complete physical, mental and social well-being".

Mental health is broader than a lack of mental disorders. It has been defined variously, and concepts include different aspects. In fact, it is almost impossible to define mental health comprehensively. In general, positive mental health is a state of subjective well-being, perceived self-efficacy, autonomy, competence, and a state in which the individual can cope with normal stresses of life and work productively. Mental functioning is interconnected with physical and social functioning and health outcomes.

Hence, mental disorders are believed to be the result of a complex interaction between biological, psychological and societal factors and have a basis in the brain.

1.3. What are mental disorders?

Mental disorders affect people of all ages in all countries and societies, women and men, the rich and the poor, from urban and rural environments.

Some disorders are mild and not noticeable for others, while some present a severe picture and are impossible to hide from health care professionals or the general public. While some last just a few weeks, others last a lifetime. The mental disorders that place the highest burden on communities include depressive disorders, substance use disorders, schizophrenia, epilepsy, Alzheimer's disease, mental retardation, and disorders of childhood and adolescence.

More than one person in four will develop a mental disorder during his or her life and 10% of the adult population suffer from such a disorder at any point in time. Some groups are particularly at risk, such as people with physical disabilities, refugees, migrant workers, the unemployed, or people with different sexual orientations. Furthermore, many people with a physical illness, like cancer and myocardial infarction, suffer from mental disorders, such as major depression.

2. The Relevance of Good Mental Health for European Union Strategic Policy Objectives

Response to Question 1

The mental health of the population is of significant relevance for the European Union's strategic policy objectives. Good mental health increases working ability and productivity and contributes to the prosperity of European citizens. In contrast, the consequences of mental disorders lead to significant health and social burdens, including discrimination and marginalisation and reduced social cohesion. A lack of mental health is a challenge for the public health of society, the quality of life of individuals and the stability of Europe.

In addition to the health burden and the social problems, the economic costs of mental disorders are substantial and wide-ranging. In contrast to most physical health problems, most of these economic costs occur outside the health care system. In addition to costs for treatment and disability, the impact of lost employment, reduced productivity, sickness leave and early retirement is enormous. There are many other immeasurable costs, such as opportunity costs to individuals and families.

According to the WHO World Health Report 2001, mental and neurological disorders accounted for 12% of the total disability-adjusted life years (DALYs[1]) lost due to all diseases and injuries, and four of the ten leading causes of DALYs are categorised as mental disorders. These data are expected to become even more significant over the coming years. However, concurrent with the increasing relevance of mental disorders for individuals, societies and economies, the ability to prevent and treat mental disorders improved significantly during the past two decades. Hence, investment in good mental health of the population can help to alleviate the various burdens of mental disorders.

In order to put Europe back on the path to long-term prosperity, sustain Europe's commitment to solidarity and social justice and bring tangible practical benefits to the quality of life for European citizens, investment in mental health is crucial.

→ **Mental health of the population is a major resource for attainment of the European Union's strategic policy objectives.**

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[1] The DALY is a health gap measure, which combines information on the impact of premature death and of disability and other nonfatal health outcomes. One DALY can be seen as one lost year of 'healthy' life, and the burden of disease as a measure of the gap between the current health status and an ideal situation where everyone lives into old age free of disease and disability. (WHO World Health Report 2001)

3. The Contribution of a Comprehensive European Union Strategy on Mental Health to Existing and Envisaged Actions

Response to Question 2

3.1. The added value

The development of a comprehensive European Union strategy on mental health will add crucial value to existing and envisaged actions. Mental health disorders impose a heavy burden on individuals, families and societies. European Union policy initiatives on mental health need a comprehensive approach in order to address current and future challenges.

Current European Union institutions' activities in the field of mental health include initiatives under:

> - The Community's health policy
> - The Community's social and employment policy
> - The Community's framework programmes for research
> - The Community's information society and media policy
> - The Community's regional policy
> - The Community's educational policy
> - The Community's freedom, justice and security policy

In order to strengthen the coherence and effectiveness of ongoing and future activities, a comprehensive mental health strategy is needed that would link all initiatives.

Promotion of mental health, prevention of mental disorders and provision of effective, sustainable and high-quality mental health care should be recognised as priorities. And, all activities and initiatives need to be equitably distributed, and services need to be accessible and affordable to every European Union citizen. However, the European Union Member States have very different policies, if they exist at all. The quality and efficiency differs significantly, too.

Data from the WHO "Atlas on Mental Health Resources in the World"[1] highlight these deficiencies.

> - One-third of European countries do not have specified mental health policies.
> - More than two-fifths of them do not have mental health programmes.
> - One-fifth do not have a therapeutic drug policy or an essential drug list.
> - One-fifth of countries have not made the three essential psychotropic drugs – an antidepressant, an antipsychotic and an antiepileptic – available in primary care.
> - One-sixth do not have substance abuse policies.

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[1] Atlas Mental Health Resources in the World 2001. Geneva, World Health Organization, 2001 (http://www.who.int/mental_health/media/en/244.pdf).

> ➤ About a tenth do not have mental health legislation.

> ➤ Three-fifths do not have a national suicide prevention initiative.

In order to strengthen the promotion of mental health care and prevention in the European Union, to improve the standard of treatment and services, and to minimise disparities within a country and among the Member States, the development of a European Union mental health strategy is essential.

The Commission proposes that the mental health strategy could focus on the following four main aspects.

> ➤ **Promote mental health for all.**

> ➤ **Address mental ill health through preventive action.**

> ➤ **Improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity.**

> ➤ Develop a mental health information, research and knowledge system for the European Union.

These four aspects are absolutely important and should be a priority in the mental health strategy. It would, however, be advisable to include a fifth priority, focusing on the improvement of mental health care services and the continuous development of a professional mental health care workforce.

> ➤ **Improve mental health care, treatment, services and the continuous development of a professional mental health care workforce**

3.2. Improve mental health care, treatment, services and the continuous development of a professional mental health care workforce

3.2.1 The mandate

The current mandate for action at Community level in the area of public health is defined in Article 152 of the Amsterdam Treaty. It stipulates that "a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities".

The mandate is, however, restricted to health promotion, prevention off ill-health and health information. It does not cover health services or medical care, which falls fully under the responsibility of the Member States: "Community action in the field of public health shall fully respect the responsibility of the Member States for the organisation and delivery of health services and medical care".

However, there is a clear mandate to foster cooperation between Member States and to address inequalities between them. The reduction of disparities in quality and distribution of mental health services is crucial in order to guarantee patient safety, while supporting patient mobility and cross-border activities in the European Union. Collecting and comparing information on mental health services as well as evaluating and monitoring data on European level, may facilitate exchange of experiences and of practices. The role of the Commission in helping to standardise indicators, developing infra-structure and mechanisms for data exchange and supporting networks for information exchange and coordination is crucial.

The mobility of the mental health care workforce is another important factor which also applies to European Union mandates, policies and programmes outside of the public health sector. Adequate recognition of education and training programmes, information and data exchange, as well as concrete measures to encourage the continuous development of a professional workforce across the European Union are major tasks.

Furthermore, the Commission should support cooperation with third countries and the competent international organisations in the sphere of public health. Mental health services and human resources are the integral part of many international public health programmes.

The suggested fifth priority in the mental health strategy could be divided into four aspects:

➢ Mental health services

➢ Community-based services

➢ Primary care

➢ Workforce

Considering the clear mandates of the Commission, while respecting subsidiarity and the Members States' responsibilities, the following recommendations may guide officials in charge of policies and help developing a comprehensive mental health strategy:

3.2.2. Mental health services

Mental health services provide the treatment that people with mental health disorders need. Because of misallocation and disparity in the distribution of these services, not all patients who require mental health care actually receive it. Many people with serious disorders are not treated, while others with sub-threshold disorders receive expensive services. In order to ensure comprehensive and maximum impact, equitable distribution of resources and services is necessary.

Also, treatment is not always provided adequately, and the quality of care is not the same for all socio-economic groups and ethnic backgrounds. People with the most severe mental health problems and people with the smallest financial background do not always receive the largest relative benefits. Resource allocation to mental health care should reflect the impact of mental disorders and the needs and priority status of the people served. Unfortunately, the financing of mental health care in general is often inadequate. Particularly vulnerable groups should be included and protected with the help of comprehensive financial coverage for mental health services. In order to achieve appropriate use of prescribed medicines, access to necessary medicines should be guaranteed- at a cost that the individuals can afford.

→ The comprehensive development and adequate financing of mental health services should be a major goal of the mental health strategy.

3.2.3. Community-based services

Mental health services are still too often provided in large psychiatric institutions. These institutions often lead to further stigmatisation of patients and may even contribute to the worsening of mental disorders. But patients and health care professionals often have little choice. Community mental health services should gradually replace large institutions. People with mental disorders should ideally receive care in the communities where they live and work. Community mental health services are certainly both more clinically effective and more cost-effective. In addition, these services can provide an ethical basis for care that respects the rights of people with mental disorders.

Community-based services should be accessible 24 hours a day, seven days a week, and provide life-saving crisis intervention services. It is important for people with mental health disorders to be included in society, which community-based services may facilitate. Since people with mental disorders have complex needs that cut across service sectors, a multi-disciplinary staff is needed in community-based services, and collaboration with other services and hospitals is important. In addition, links to the health welfare, employment, housing, criminal justice and education sectors are extremely beneficial.

→ **A comprehensive mental health strategy should include measures that help downscale large institutions, develop community-based services and avoid outdated and inhuman forms of mental health treatment.**

3.2.4. Primary care

People with mental disorders, particularly those who are vulnerable or marginalised, frequently experience difficulties in accessing mental health services. Remaining in contact with service providers and following treatment plans can be equally challenging for many patients.

Primary health care services can be one of the most effective and viable ways of improving access to mental health care. And, because there is a significant association between mental and physical disorders, general practitioners might often be the first professionals to detect mental disorders. In addition, primary health care tends to be geographically more accessible and less expensive. Hence, it can facilitate the early detection and treatment of mental disorders and be one of the key factors for treatment, promotion and prevention. Primary health care is also best placed to provide crisis intervention.

But, treatment and care for people with mental disorders at the primary health care level is highly variable and not always adequate. Mental health disorders remain undetected and untreated, which often leads to disabilities.

Therefore, general practitioners and primary care services need to have the skills to detect and treat mental health problems, including depression, anxiety, stress-related disorders and substance abuse. Health care professionals working in primary health care should be encouraged to take up mental health promotion and prevention activities and should be trained accordingly.

Ideally, primary care should function as an entry and referral point for mental health care and should be the initial and main source of help for common mental health problems. Primary health care workers need, however, to be supported by a network of well-trained specialists in mental health.

→ **The mental health strategy should promote activities that lead to appropriate mental health care in primary care services and in easily accessible settings, such as community centres and general hospitals.**

3.2.5. Workforce

The prerequisite for appropriate mental health care is well-trained mental health care professionals. Only a skilled workforce can respond adequately to the substantial burden of mental disorders. Mental health workers also need to be distributed equitably within countries and across the population. In many countries, mental health workers are currently often concentrated in urban settings or close to large in-patient facilities. Most mental health workers are still employed in psychiatric hospitals that provide high-cost treatments for small numbers of patients. The desired shift from an institution-based service to a community-oriented model involves a new style of practice, new responsibilities and the acquisition of new skills.

There is a need to improve health professionals' competencies and continuous medical education in order to meet the future needs of the mental health system. Training in mental health is needed for general practitioners and other primary health care workers, as well as specialist training streams for areas requiring high levels of expertise.

People with mental disorders have multiple needs which require professional help from a range of professional and non-professional workers from different backgrounds. Hence, training in mental health is important not only for physicians and nurses. Especially in times of health workforce shortages, it is crucial to ensure the development of a skilled mental health workforce.

In order to improve the retention of staff, the salary, working conditions and working times of health care professionals should be improved and opportunities for professional development should be provided.

→ **The mental health strategy should include measures to guarantee a well-trained and accessible professional workforce for mental health.**

4. Initiatives to Support Coordination Between Member States, to Promote the Integration of Mental Health into Health and Non-Health Policies and Stakeholder Action, and to Better Liaise Research and Policy on Mental Health Aspects

Response to Question 3

4.1. The added value

There is a great variety of initiatives in the field of mental health across Member States which reflects the richness of Europe and implies that there are different staring points for action in mental health.

In addition, Member States' and European Union institutions' activities in the field of mental health include initiatives under various policy sectors.

Furthermore, the actors involved in the policy development processes such as policy makers, experts and stakeholders come from various health and non-health sectors and have different professional backgrounds.

These facts highlight the added value of monitoring and information sharing and point out the need for a practicable framework for exchange and cooperation between Member States, policy sectors and the different actors.

Hence, the launch of a European Union Platform on Mental Health which promotes cross-sectoral cooperation and consensus on mental health is crucial. The Green Paper suggests that this platform should analyse key mental health aspects, identify evidence-based practice, develop recommendations for action and identify best practice for promoting the social inclusion of people with mental ill health and disability and for protecting their fundamental rights and dignity.

The role of the Platform can be expanded. Competent stakeholders in the field of mental health, such as international organisations, NGOs and patient representatives as well as policy makers and experts in the area of mental health should be involved. In order to coordinate with all relevant priority areas and policy fields, representatives from other policy sectors should be invited to participate. The platform should deal with mental health related issues and policies and consider other Community policies and their impact. It should also contribute to the collection, sharing and diffusion of mental health data and help making the mental health indicators operational and develop them further. The Platform may facilitate the evaluation and benchmarking of best practices as well as examine the possibilities of common evidence-based actions and contribute to the preparation of the annual work plans.

The European Union Platform on Mental Health should also foster the development of cross-border and common European activities, initiate research networks and support collaboration with other international organizations, such as the World Health Organisation.

→ **The European Union Platform on Mental Health may offer crucial value and play a key role in the communication and collaboration process.**

The proposed initiatives and the options for action proposed in Section 6 in the Green Paper (see Question 3 on page 6 of this briefing paper) are appropriate and of great importance. However, they are not comprehensive and need to be elaborated more clearly.

It is crucial to present meaningful and practicable programmes, goals and examples which will lead to practical results in terms of improved mental health of target groups and the entire population:

4.2. Promote mental health for all and address mental ill health through preventive action

Treatment for mental disorders needs to be a priority and universally accessible and affordable. However, mental health cannot be achieved by treatment alone. Appropriate mental health promotion and mental disorder prevention is crucial in addition to treatment and rehabilitation. It is proven that interventions and approaches aimed at mental health promotion and mental disorder prevention are effective in promoting mental health and leading to social and economic gains.

Hence, the development of a comprehensive strategy for mental health needs to include the aspects of promotion and prevention. And, the strategy should include a clear implementation process. All programmes need to be evidence-based, practicable and sustainable. Furthermore, links to the environmental, social welfare, labour, education, criminal justice and housing sectors are important. They ensure comprehensive support. Above all, the protection of basic civil, political, economic, cultural and social rights is important and supports the universal right to mental health.

4.2.1. Building mental health in infants, children and adolescents and promoting mental health in older people

Policies on mental health should include as priorities the mental health of infants, children, adolescents and of older people. These age groups are particularly at risk from social, psychological, biological and environmental factors.

The prevalence of many psychiatric problems increases significantly in these age groups, and new challenges require new approaches and enhanced efforts. Besides depression and suicidal behaviour, post-traumatic stress disorder (PTSD), hyperkinetic disorder or attention deficit hyperactivity disorder (ADHD), as well as eating disorders and conduct disorders, are most prevalent. With an ageing society, the prevalence of Alzheimer's disease and other forms of dementia is rapidly increasing.

Since many mental disorders seen in adulthood have their beginnings in childhood, promotion and prevention relating to the mental health of children and adolescents can be seen as an investment. It helps reduce the consequences of unrecognised mental disorders in early life years and creates many long-term benefits for individuals and health systems.

So, promotion and prevention are key elements in child and adolescent mental health services. These services should be developed to be sensitive to the needs of young people and should be provided by both primary care and specialised mental health services. Children and adolescents should be treated in the least restrictive and least stigmatising environments and they should be involved as much as possible in the decision-making processes.

→ **Child and adolescent mental health and mental health in older people should be explicitly included in a European Union strategy on mental health.**

4.2.2. Promoting mental health in the working population

A healthy work environment supports interpersonal contacts and social networks, and may have a positive effect on mental health. On the other hand, unemployment and bad work environments can have negative effects on mental well-being. Working style has been undergoing considerable and continuous changes over the past years. Workers need to be more flexible, adapting to new employment patterns and working hours. They have to cope with increasing work-related stress due to a greater workload and a higher pace of work. General pressure due to high unemployment rates and competition may lead to additional problems, such as workplace harassment. Younger and older workers, as well as women, ethnic minorities and migrant workers, are more vulnerable to stress factors and their consequences. Immediate effects can be sleeping disorders, addictive behaviour, inability to concentrate and irritation. In the long term, unhealthy work environments can cause more serious mental health problems, such as anxiety and depression.

Hence, interventions at the workplace to minimise the effects of stress and other psychosocial risks on the health of employees are crucial. Measures could include incorporating mental health aspects into corporate management strategies dealing with occupational health and safety. Programmes and plans for protection and promotion of mental health at work should be developed and all workers should have access to appropriate services and well-trained personnel. Appropriate indicators and instruments may help with risk assessment and the evaluation and management of stress factors.

Measures for the reintegration, rehabilitation and vocational training of people with mental disorders should be adopted and workplaces should be adapted to their special needs.

→ **Health policy, systems and services need to respond adequately to the challenges of a changing work environment. The European Union mental health strategy should include measures dealing with the impact of working life on mental health.**

4.2.3. Reducing substance use disorders, drugs and alcohol

Alcohol-use disorders are recognised and classified as mental disorders. Indeed, alcohol is a major cause of mental disorders and one of the largest preventable risk factors. In this context, the patterns of drinking are certainly a determining factor.

The majority of alcohol-use disorders arise from acute conditions and are therefore immediately preventable. However, alcohol-related mental disorders are not limited to heavy drinkers only. Moderate or occasional drinkers suffer from alcohol-related problems as well.

A wide range of mental disorders are associated with harmful use of alcohol.

Also, people with alcohol-use disorders are more likely to suffer from other mental health problems. There is a strong interaction between alcohol consumption and depression, suicide and schizophrenia. On the one hand, heavy drinking can lead to depression and other mental disorders. On the other hand, people with mental disorders are at higher risk of drinking and exhibiting alcohol dependence. In addition, alcohol use by persons with mental disorders may worsen the symptoms and leads to less effective treatment outcome.

Family members, friends or co-workers are often affected as well. Hence, reducing the rates of alcohol-related harm not only benefits those who drink, but also has an impact on the health and well-being of families, communities and society as a whole.

Children and adolescents should be safeguarded from pressures to drink and protected from the negative consequences of alcohol consumption.

Restrictions on the availability of alcohol and increases in alcohol taxes are interventions that can help reduce the overall volume of drinking and harmful patterns of drinking. Furthermore, drink-driving countermeasures are important and effective.

→ **Affordable and accessible care and adequate help for people with alcohol problems is crucial. A comprehensive strategy on mental health needs to include measures to tackle alcohol-related problems.**

4.2.4. Preventing suicide

Suicide represents a serious public health problem and self-destructive behaviour is continuously increasing. Suicide is currently a leading cause of death among young and middle-aged people. The most common underlying causes include psychiatric factors, biological factors, life events, psychological factors, social and environmental factors. The psychological, social and financial impact of suicide on the family and society is immense.

A strategy on mental health needs to include suicide prevention programmes that consider age and gender and support the emotional well-being and social integration of all. Especially marginalised groups are at risk and need to be the target of specific support programmes.

Well-trained health care professionals, including general practitioners and primary care physicians, need to be able to identify a suicide risk. Help and care need to be accessible and affordable. Self-help groups, phone help-lines and websites for people in a crisis situation are important, as is reduction of the availability of, and access to, the means of committing suicide.

→ **A comprehensive strategy on mental health needs to include suicide prevention programmes.**

4.3. Improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity

4.3.1. Stigma and discrimination against people with mental disorders

Stigma remains one of the most important problems encountered by people with severe psychiatric disorders. People who experience mental health problems meet with fear and prejudice in others. They are often considered as violent, dangerous and less intelligent. Among other misconceptions, mental disorders are frequently considered as untreatable. Fear and prejudice lead to stigmatisation, which leads to discrimination. Discriminatory behaviour deprives people with mental health problems of equal opportunities, integration and social inclusion. As a consequence, they experience difficulties in finding employment, obtaining housing and establishing a social network. Affected family members often experience discrimination as well. They often feel ashamed and excluded. Consequently, mental health problems and first signs of them are often ignored, repressed or ruled out. Stigma makes people avoid or not adhere to care. People with mental health problems often do not seek mental health services or do not follow referrals to psychiatric clinics and other mental health facilities. Hence, even if effective treatment is available, stigma and discrimination make early intervention and treatment difficult.

A number of activities are effective in countering stigma and discrimination. First of all, access to good and affordable treatment is a cornerstone to eliminating discrimination, because symptoms and disturbing behaviour can be reduced.

Mental health care should ideally be provided in primary care services and in easily accessible settings, such as community centres and general hospitals.

In the case of absolutely necessary compulsory treatment, it is important to safeguard human rights and respect for people with mental disorders.

Employment can be crucial for people with mental disorders because it changes their perception of themselves and public perception. Therefore, a return to work and retention of jobs should be encouraged.

It is important that patient organisations that fight stigma receive support and cooperation from governments.

Anti-stigma campaigns should include activities that emphasise the ubiquity of mental health problems, their generally good prognosis and treatability. The role of the media is important in this context, especially when it comes to the distribution of information and correct reporting.

→ **Stigma and discrimination against people with mental disorders may jeopardise the development and implementation of mental health strategies. It is crucial to include measures to counter stigma and discrimination in the mental health strategy.**

4.3.2. Mental health advocacy and empowerment

Patients and their families should be included in the development and decision-making processes of policies and programmes regarding mental health. Also, it is important to allow users to be included in planning their own and their family member's health services. In order to better meet their needs, all interventions should consider the age, sex, social and cultural background of people with mental disorders. If services are better tailored to people's needs, they will also be better used. Furthermore, this will improve communication between health care professionals and patients and their families.

Access to information and services should be guaranteed, and rights and responsibilities should be promoted and defended. Patients and family should know all treatment options and choices. They should be aware of their right to autonomy and self-determination and their right to be free from torture and other inhuman treatment. This includes the right for everyone to be recognised as a person before the law with no discrimination.

This kind of empowerment has been shown to reduce the average length of stay in a hospital and the number of visits to ambulatory health services. It helps to build self-esteem and enhances coping skills. In addition, it strengthens social support networks and may improve family relationships. Empowerment may also increase public awareness and reduce stigma.

Agencies could work on behalf of vulnerable and marginalised groups. Help-lines and web-based counselling for people in crisis situations are important features, and work with the media is crucial in this process.

→ **A comprehensive strategy on mental health needs to include measures to improve mental health advocacy and empowerment.**

4.4. Develop a mental health information, research and knowledge system for the EU

In order to develop high-quality mental health programmes and policies and to argue for making necessary investments in mental health, adequate information has to be available. Good information and comparable data will assist in the adequate planning of mental health promotion, prevention, treatment and rehabilitation policies and services. Knowledge and information about the current state of mental health and about mental health activities are needed, as well as data on relative cost-benefit and cost-effectiveness.

European Union mental health research and information systems currently lack an international strategy, and mental health is poorly covered by existing health monitoring systems. Necessary data on mental health are often missing or not comparable between countries.

In order to allow comparison across all European Union Member States, the mental health status and all activities should be systematically measured, and indicators need to be standardised. Research tasks should include analyses of mental health policy, the mental health impact of other policies and the evaluation of promotion activities. Also, links are needed between a population's mental health and public social and economic policies. Research and knowledge management have to be closely linked to the information needs of policy-makers.

→ **Information is crucial for the development, implementation, monitoring and evaluation of evidence-based mental health strategies and action plans. The development of a mental health information, research and knowledge system should be a priority in the mental health strategy.**

4.5. Additional measures for the consultation and implementation process

The European Union mental health strategy needs to be based on a broad and inclusive consultation process. Measures need to be developed in order to encourage and support collaboration between Member States and to translate existing and future political commitments into action. The development of joint research programmes would contribute to this process and help to better understand the current situation. They would also help to assess the needs in order to be prepared for future challenges.

Education programmes for health care professionals and all other affected population groups would help to guarantee a continuous and sustainable implementation and improvement process. And, experts in the field may act as consultants and should be actively involved in all processes.

6. Conclusions

The Green Paper "Improving the mental health of the population: Towards a strategy on mental health for the European Union" is essential for launching a debate with the European institutions, governments, health professionals, the research community and all other stakeholders. The document contains reliable data and correctly recognises mental disorders as a rapidly growing challenge for the European Union. The proposed initiatives are appropriate, but not comprehensive. The aspects of mental health services, including primary care and the continuous development of a professional mental health care workforce, are missing. In addition, mental health advocacy and empowerment should be included as a necessary initiative. Aspects like healthy work environments and stigmatisation need to be elaborated more clearly and vividly. Joint research and education programmes will add value in the consultation, development and implementation process.

Above all, more emphasis should be placed on the fact that mental disorders are preventable and treatable, and that investments in mental health are crucial.

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